

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
The Gardens at Newcastle, LLC	21804

NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home

Our home strives to provide the best home-like environment to age in place for both the medically-frail elderly as well as those who may have cognitive issues. We provide a safe, comfortable and supportive environment, encouraging our residents to remain as independent as possible. The home is owned and managed by a Registered Nurse who employs two other Registered nurses who oversee the care of the residents.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
01/31/2006	4009 NE 10 th St., Renton WA, 8440 128 th Ave. Newcastle, WA
4. SAME ADDRESS PREVIOUSL	Y LICENSED AS:
N/A	
5. OWNERSHIP	
☐ Sole proprietor	
	ation
☐ Co-owned by:	
Other:	

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

The home provides assistance in eating from meal preparation and cueing to full assistance with eating, including tube feedings. The home makes every attempt to cook from scratch based on the residents' preferences. Special diets are accommodated as well.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

The home provides assistance with toileting from cueing to full care, including catheter care and bowel training programs. An up-night staff is available for toileting needs.

3. WALKING

If needed, the home may provide assistance with walking as follows:

The home provides assistance with walking from cueing to two-person assist, including walking outside daily if resident concurs. One-person assist is provided at night.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

The home provides assistance with transferring from cueing to full assistance, including mechanical transfers. The home provides two-person transfers during the day and only one-person transfers during the night.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

The home provides assistance with positioning from cueing to two-person repositioning. One-person repositioning is provided during the night.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

The home provides assistance with personal hygiene from cueing to full assistance, including but not limited to shaving, nail care, oral hygiene, applying makeup if desired, and hair care when unable to do it themselves. A Registered Nurse provides footcare for the diabetics and those residents with circulation issues at no extra cost.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

The home provides assistance with dressing from cueing to fully dressing the resident based on individual choices.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

The home provides all levels of bathing from cueing while taking a shower to full towel bed baths. The residents receive a minimum of two baths a week and more if needed or desired.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home has a roll-in shower to accommodate the needs of the residents.

Medication Services
If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)
The type and amount of medication assistance provided by the home is:
The home provides full assistance from cueing to full medication administration by a nursing assistant or a Registered Nurse. A Registered Nurse manages the medication ordering and oversite of medication administration and assistance.
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES We have four registered nurses on staff who provide injections and other forms of medication
administration not allowed by the delegation process Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
The home provides the following skilled nursing services:
The home provides any skilled nursing service agreed to in advance of admission and at an additional
cost.
The home has the ability to provide the following skilled nursing services by delegation:
The home provides all skilled nursing services allowed by the nurse delegation law, including, but not
limited to insulin injections and non-sterile dressing changes.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
The home, if able to meet the needs of the resident safely, provides all intermittent skilled nursing
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations:
Developmental disabilities
Mental illness
□ Dementia □ □ Dementia □ Deme
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)
☐ The provider lives in the home.
☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.
The normal staffing levels for the home are:
Registered nurse, days and times: A RN routinely makes rounds, usually daily. We have four RNs on
staff. A RN is on call twenty-four hours a day, seven days a week.

Licensed practical nurse, days and times:

☐ Certified nursing assistant or long term care workers, days and times: Nursing assistants provide the residents'
daily routine care in the home. We have two staff working during the day and one working during
the night shift. We provide one-on-one care if agreed to in advance at an additional cost.
○ Other: The home employs an activity person to assist the staff in planning and documenting individual
and group activities.
ADDITIONAL COMMENTS REGARDING STAFFING
The activity person is on staff and shared by two other homes.
Cultural or Language Access
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide
informational materials in a language understood by residents and prospective residents (Chapter 388-76 various
sections)
The home is particularly focused on residents with the following background and/or languages:
The home does not focus on any one resident background or ethnic group. We serve all residents
equally. The primary language spoken in the home is English. The home has caregivers fluent in
Mongolian, Japanese, French, and Russian.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
The home does make an effort to cook ethnic foods when requested and we really appreciate new recipes
as well. Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)
☑ The home is a private pay facility and does not accept Medicaid payments.
☐ The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING MEDICAID
The home does not accept Medicaid reimbursement.
Activities
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